

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Martin A. R ssing**  
TITLE: **REFORMATION TECHNIQUES FOR CAPACITORS OF IMPLANTABLE MEDICAL DEVICES**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, \*EXPRESS No. EV 323 971 378 US, on this 29<sup>th</sup> day of July, 2003.

MOLLY CHLEBECK  
Printed Name Molly Chlebeck  
Signature

MAIL STOP PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

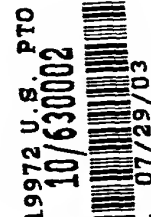
Sir:

We are transmitting herewith the attached:

- X **Patent Application Transmittal**
- X **Specification:**  
Total pages: 25 (including claims and abstract: Spec. 17 sheets; Claims 7 sheets; Abstract 1)
- X **Drawings:**  
Total sheets: 7  
☐ formal ☒ informal
- ☒ **Combined Declaration and Power of Attorney:**  
☒ unexecuted  
☐ copy from prior application  
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*
- X **Accompanying application parts:**  
☐ Notification of filing a  
☐ Assignment of the Invention to Medtronic, Inc.  
☐ Assignment cover sheet  
☐ Information Disclosure Statement  
☐ PTO Form 1449  
☐ Copies of IDS citations  
☐ Preliminary Amendment  
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
X ☒ Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation No. ☐ Divisional ☐ Continuation-in-part (CIP) of prior application
- ☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--
- ☐ Cancel in this application original claims \_\_\_\_ of the prior application before calculating the filing f e. (At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power f Attorney in the prior application is to: \_\_.



☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

X Address all future correspondence to: Michael C. Soldner, Reg. No. 41,455  
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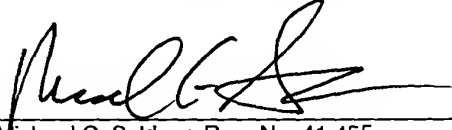
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	31	20 =	11	x 18	\$198.00
Independent Claims	8	3 =	5	x 84	\$420.00
Multiple Dependent Claims			0	+ 280	
Basic Filing Fee					\$750.00
TOTAL					\$1,368.00

X Charge Deposit Account No. 13-2546 in the amount of **\$1,368.00** for the filing fee and extra claims fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

July 29, 2003  
Date

  
\_\_\_\_\_  
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